



## PART B - FEE(S) TRANSMITTAL

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11/04/2003

**Herbert C Schulze**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**HERBERT C. SCHULZE** (Depositor's name)  
*[Signature]* (Signature)  
**11/22/2003** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/609,504	07/03/2000	Howard E. Walforst		1655

TITLE OF INVENTION: BUSINESS MODEL ALGORITHM AND APPARATUS FOR CREATING AND EXECUTING ORIGINAL DOCUMENTS AT REMOTE LOCATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/04/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SHERRILL, JASON L	2622	358-474000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent);

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4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **190720** (enclose an extra copy of this form).

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11/25/2003 AHONDAF2 00000053 190720 09609504

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PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

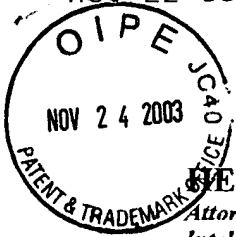
OMB 0651-0033

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PAGE 2/3 \* RCVD AT 11/22/2003 8:41:16 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-2/0 \* DNIS:7464000 \* CSID: \* DURATION (mm:ss):01:56

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**FAX TRANSMITTAL**

**Date: 11/22/2003**

**TO: MS Issue Fee**


**FAX NO.: 703-746-4000**

**SUBJECT: Serial # 09/609,504 Issue Fee Transmittal**

**NUMBER OF PAGES: Three (3) INCLUDING THIS COVER**

Following are two copies of issue fee transmittal due to issue fee being authorized to be charged to Deposit Account.

Respectfully,



Herbert C. Schulze